

Appendix C: Participant Services

Appendix C-1/C-3: Summary of Services Covered and Services Specifications

C-1-a. Waiver Services Summary. Appendix C-3 sets forth the specifications for each service that is offered under this waiver. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Statutory Services (check each that applies)		
Service	Included	Alternate Service Title (if any)
Case Management	<input type="checkbox"/>	
Homemaker	<input type="checkbox"/>	
Home Health Aide	<input type="checkbox"/>	
Personal Care	<input type="checkbox"/>	
Adult Day Health	<input type="checkbox"/>	
Habilitation	X	Personal Supports
Residential Habilitation	<input type="checkbox"/>	
Day Habilitation	<input type="checkbox"/>	
Prevocational Services	<input type="checkbox"/>	
Supported Employment	<input type="checkbox"/>	
Education	<input type="checkbox"/>	
Respite	X	Respite Care Service
Day Treatment	<input type="checkbox"/>	
Partial Hospitalization	<input type="checkbox"/>	
Psychosocial Rehabilitation	<input type="checkbox"/>	
Clinic Services	<input type="checkbox"/>	
Live-in Caregiver (42 CFR §441.303(f)(8))	<input type="checkbox"/>	
Other Services (select one)		
<input type="radio"/>	Not applicable	
X	As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional services not specified in statute (list each service by title):	
a.	Assistive Technology and Services	
b.	Behavioral Support Services	
c.	Community Supports and Navigation	

State:	
Effective Date	

d.	Environmental Assessment	
e.	Environmental Modifications	
f.	Family and Peer Mentoring Supports	
g.	Family Caregiver Training & Empowerment Services	
h.	Individual & Family Directed Goods and Services	
i.	Participant Education, Training, & Empowerment Supports	
j.	Transportation	
k.	Vehicle Modifications	
Extended State Plan Services <i>(select one)</i>		
<input type="radio"/>	Not applicable	
<input type="radio"/>	The following extended State plan services are provided <i>(list each extended State plan service by service title)</i> :	
a.		
b.		
c.		
Supports for Participant Direction <i>(check each that applies)</i>		
<input type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. The waiver includes Information and Assistance in Support of Participant Direction, Financial Management Services or other supports for participant direction as waiver services.	
<input checked="" type="checkbox"/>	The waiver provides for participant direction of services as specified in Appendix E. Some or all of the supports for participant direction are provided as administrative activities and are described in Appendix E.	
<input type="radio"/>	Not applicable	
Support	Included	Alternate Service Title (if any)
Information and Assistance in Support of Participant Direction	<input type="checkbox"/>	
Financial Management Services	<input type="checkbox"/>	
Other Supports for Participant Direction <i>(list each support by service title)</i> :		
a.		
b.		
c.		

C-1/C-3: Service Specification

State:	
Effective Date	

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type: Statutory Service

Service (Name): Habilitation

Alternative Service Title: **PERSONAL SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
8: Home-Based Services	08010 home-based habilitation
Service Definition (Scope):	
<p>A. Personal Supports are individualized supports, delivered in a personalized manner, to support independence in an individual's own home and community in which the participant wishes to be involved, based on their personal resources.</p> <p>B. Personal Supports services assist individuals who live in their own or family homes with acquiring and building the skills necessary to maximize their personal independence. These services include:</p> <ol style="list-style-type: none"> 1. In home skills development including but not limited to budgeting and money management; completing homework; maintaining a bedroom for a child or home for an adult; being a good tenant; cooking; personal care; house cleaning/chores; and laundry; 2. Community integration and engagement skills development needed to be part of a family event or community at large. Community integration services facilitate the process by which individuals integrate, engage and navigate their lives at home and in the community. They may include, but are not limited to the development of skills or providing supports that make it possible for individuals and families to lead full integrated lives (e.g. grocery shopping; getting a haircut; using public transportation; attending school or social events; joining community organizations or clubs; any form of recreation or leisure activity; volunteering; and participating in organized worship or spiritual activities); and 3. Personal care assistance services during in-home skills development and community activities. Personal care assistance services include assistance with activities of daily living and instrumental activities of daily living, which may include meal preparation and cleaning when the person is unable to do for themselves only when in combination of other allowable Personal Supports activities occurring. <p>SERVICE REQUIREMENTS:</p> <p>A. Personal Supports services under the waiver differ in scope, nature, and provider training and qualifications from personal care services in the State Plan.</p> <p>B. Personal Supports are available:</p> <ol style="list-style-type: none"> 1. Before and after school for children, 2. During summer break for children, 3. Before and after meaningful day services for adults, and 4. On nights and weekends. <p>C. Under self-directing services, the following applies:</p> <ol style="list-style-type: none"> 1. Participant or parent of a child self-directing services are considered the employer of record; 2. Participant or parent of a child is responsible for supervising, training, and determining the frequency of services and supervision of their direct service workers; and 3. Payment is allowable for advertising for employees and staff training <ol style="list-style-type: none"> a. Costs are incurred no more than 180 days in advance of waiver enrollment unless otherwise authorized by the DDA b. Costs are considered to be incurred and billable when the individual enters the waiver. The 	

State:	
Effective Date	

individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); these costs may be billed to Medicaid as an administrative cost.							
D. Personal Supports services are not available to individuals receiving supports under Community Living Group Home, Supported Living, Shared Living Host Home, and Community Living Enhanced Support services.							
E. Transportation costs associated with the provision of services outside the participant's home is covered within the rate.							
F. Personal care assistance services must be provided in combination with home skills development or community integration and engagement skills development and may not comprise the entirety of the service.							
G. A relative or legal guardian (who is not a spouse or legally responsible person) of an individual may be paid to provide this service in accordance with the applicable requirements set forth in Section C-2. The program does not make payment to spouses or legally responsible individuals, including legally responsible adults of children and representative payee, for supports or similar services.							
H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual's file. The DDA is the payer of last resort.							
I. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.							
Specify applicable (if any) limits on the amount, frequency, or duration of this service:							
A. A relative of an adult participant may not be paid for greater than 40-hours per week for services rendered to any Medicaid participant at the service site, unless otherwise approved by the DDA.							
B. Personal Support services are limited to 82 hours per week, unless otherwise preauthorized by the DDA.							
Service Delivery Method (check each that applies):	X	Participant-directed as specified in Appendix E				X	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	X	Relative	X	Legal Guardian	
Provider Specifications							
Provider Category(s) (check one or both):	X	Individual. List types:		X	Agency. List the types of agencies:		
		For individuals self-directing services			Licensed Personal Supports Provider		
Provider Qualifications							
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)		
Individual for people self-directing services					1. The following minimum standards are required: a. Be at least 18 years old; b. Current first aid and CPR certification;		

State:	
Effective Date	

			<ul style="list-style-type: none"> c. Pass a criminal background investigation and Child Protective Services Background Clearance (required if supporting a child); d. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians; e. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and f. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care. <p>2. Individuals in self-directing services, as the co-employer, may require additional staffing requirements based on their preferences and level of needs such as:</p> <ul style="list-style-type: none"> a. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information) and b. Previous experience with in home skills such as training on money management, time management and community resources.
Licensed Personal Support Provider	Licensed Personal Supports Provider as per COMAR		<p>1. The following minimum staff standards are required:</p> <ul style="list-style-type: none"> a. Be at least 18 years old; b. Current first aid and CPR certification; c. Pass a criminal background investigation and Child Protective Services Background Clearance (required if supporting a child); d. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians; e. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services;

State:	
Effective Date	

			<ul style="list-style-type: none"> f. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care; and g. Staff providing training on money management, time management and community resources must have performed training on these topics in the previous two (2) years.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual for people self-directing services	<ul style="list-style-type: none"> 1. Agency with Choice FMS providers for verification of participant specific qualifications 2. Coordinator of Community Services for use of a relative as a service provider 		<ul style="list-style-type: none"> 1. Agency with Choice FMS - prior to service delivery 2. Coordinator of Community Services prior to service initiation and during annual team meetings
Licensed Personal Support Provider	<ul style="list-style-type: none"> 1. DDA for verification of provider license 2. Provider for staff licenses, certifications, and training 		<ul style="list-style-type: none"> 1. DDA - annually 2. Provider – prior to service delivery

Service Type: Statutory

Service (Name): **RESPITE CARE SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09011 respite, out-of-home
Category 2:	Sub-Category 2:
9: Caregiver Support	09012 respite, in-home
Service Definition (Scope):	
<p>A. Respite is short-term care intended to provide both the family and the individual with a break from their daily routines. Respite relieves families from their daily caregiving responsibilities, while providing the individual with new opportunities, experiences, and facilitates self-determination.</p> <p>B. Respite can be provided in:</p> <ul style="list-style-type: none"> 1. The individual's own home, 2. The home of a respite care provider, 3. A licensed residential site, 4. State certified overnight or youth camps, and 5. Other settings and camps as approved by DDA 	

State:	
Effective Date	

SERVICE REQUIREMENTS:

- A. Someone who lives with the individual may be the respite provider, as long as she or he is not the person who normally provides care for the individual and is not contracted or paid to provide any other DDA funded service to the individual.
- B. A relative (who is not a spouse or legally responsible person) of an individual recipient participating in Self-Directed Services may be paid to provide this service, however, the DDA must pre-approve such payment in accordance with the applicable requirements set forth in Section C-2.
- C. The individual or the family member with whom the individual lives may use a relative (as defined in Appendix C-2-e), neighbor, or friend under the following conditions when documented in the person-centered plan:
 - 1. Choice of provider truly reflects the individual's wishes and desires;
 - 2. The provision of services by the relative, neighbor, or friend are in the best interest of the individual; and
 - 3. The provision of services by the relative, neighbor, or friend is appropriate and based on the individual's support needs.
- D. The program does not make payment to spouses or legally responsible individuals for providing respite services.
- E. Receipt of respite services does not preclude an individual from receiving other services on the same day. For example, the individual may receive day services on the same day they receive respite services.
- F. Payment rates for services must be customary and reasonable, as established by the DDA.
- G. Services can be provided at an hourly rate for 8 hours or less; or at a day rate for over 8 hours, daily.
- H. Payment may not be made for services furnished at the same time as other services that include care and supervision. This includes but is not limited to Medicaid State Plan Personal Care Services as described in COMAR 10.09.20, the Attendant Care Program (ACP), and the In-Home Aide Services Program (IHAS) and Personal Supports.
- I. Respite cannot replace day care while her/his parent or guardian is at work.
- J. If respite is provided in a private home, the home must be licensed, unless it is the individual's home or the home of a relative, neighbor, or friend.
- K. Respite does not include funding for any fees associated with the respite care (for example, membership fees at a recreational facility, community activities, or insurance fees).
- L. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual's file. The DDA is the payer of last resort.
- M. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian

State:	
Effective Date	

Provider Specifications				
Provider Category(s) (check one or both):	X	Individual. List types:	X	Agency. List the types of agencies:
	For individuals self-directing services		Licensed Community Residential Services Provider	
			DDA Certified Respite Care Provider	
Provider Qualifications				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
For individuals self-directing services			<ol style="list-style-type: none"> The following minimum standards are required: <ol style="list-style-type: none"> Current first aid and CPR certification, unless waived by the individual or their family; Passing a criminal background investigation, unless waived by the individual or their family; Child Protective Services Background Clearance (required if supporting a child); Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians; and Camps including: <ol style="list-style-type: none"> State certified overnight or youth camps and DDA approved camp. Individuals in self-directing services, as the co-employer, may require additional staffing requirements based on their preferences and level of needs such as: <ol style="list-style-type: none"> Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information). 	
Licensed Community Residential Services Provider	Licensed Community Residential Services Provider as per COMAR 10.22.08		<ol style="list-style-type: none"> Direct care staff specific requirements include the following: <ol style="list-style-type: none"> Current first aid and CPR training and certification, unless waived by the individual or their family; Training by individual/family on individual-specific information 	

State:	
Effective Date	

			<p>(including preferences, positive behavior supports, when needed, and disability-specific information);</p> <ul style="list-style-type: none"> c. Passing a criminal background investigation, unless waived by the individual or their family; d. Child Protective Services Background Clearance (required if supporting a child); e. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians; and f. Additional requirements based on the individual's preferences and level of needs. <ul style="list-style-type: none"> 2. Camps requirements including: <ul style="list-style-type: none"> a. State certified overnight or youth camps, as per COMAR 10.16.06, unless otherwise approved by the DDA; and b. DDA approved camp. 3. Services provided in a site must be licensed.
DDA Certified Respite Care Provider		DDA Certified Respite Care Services Provider	<ul style="list-style-type: none"> 1. Direct support staff specific requirements include the following: <ul style="list-style-type: none"> a. Current first aid and CPR training and certification, unless waived by the individual or their family; b. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information); c. Passing a criminal background investigation, unless waived by the individual or their family; d. Child Protective Services Background Clearance (required if supporting a child); e. Unlicensed staff paid to administer medication and/or perform treatments must be certified by the Maryland Board of Nursing (MBON) as Medication Technicians; and

State:	
Effective Date	

			f. Additional requirements based on the individual's preferences and level of needs. 2. Camps requirements including: a. State certified overnight or youth camps as per COMAR 10.16.06 unless otherwise approved by the DDA; and b. DDA approved camp 3. Services provided in a provider site must be licensed unless otherwise approved by the DDA
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:	Frequency of Verification	
For individuals self-directing services	1. Agency with Choice FMS providers for verification of individual specific qualifications 2. Coordinator of Community Services for use of a relative as a service provider	1. Agency with Choice FMS - prior to service delivery 2. Coordinator of Community Services prior to service initiation and during annual team meetings	
Licensed Community Residential Services Provider	1. DDA for verification of provider license and licensed site 2. Licensed Community Residential Services Provider for verification of direct support staff and camps 3. Coordinator of Community Services for use of a relative as a service provider	1. DDA - annually 2. Licensed Community Residential Services Provider – prior to service delivery 3. Coordinator of Community Services prior to service initiation and during annual team meetings	
DDA Certified Respite Care Provider	1. DDA for verification of provider certification and licensed site 2. DDA Certified Respite Care Services Provider for verification of direct support staff and camps 3. Coordinator of Community Services for use of a relative as a service provider	1. DDA - annually 2. DDA Certified Respite Care Services Provider – prior to service delivery 3. Coordinator of Community Services prior to service initiation and during annual team meetings	

Service Type: Other Service
 Service (Name):

State:	
Effective Date	

Alternative Service Title: **ASSISTIVE TECHNOLOGY AND SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14031 equipment and technology
Service Definition (Scope):	
<p>A. The purpose of assistive technology is to maintain or improve an individual's functional abilities, enhance interactions, support meaningful relationships, promote their ability to live independently, and meaningfully participate in their community.</p> <p>B. Assistive technology means an item, piece of equipment, or product system. Assistive Technology may be acquired commercially, modified, or customized. Assistive technology devices include but are not limited to:</p> <ol style="list-style-type: none"> 1. Speech and communication devices also known as augmentative and alternative communication devices (AAC) such as speech generating devices, text-to-speech devices and voice amplification devices; 2. Blind and low vision devices such as video magnifiers, devices with optical character recognizer (OCR) and Braille note takers; 3. Deaf and hard of hearing devices such as alerting devices, alarms, and assistive listening devices; 4. Devices for computers and telephone use such as alternative mice and keyboards or hands-free phones; 5. Environmental control devices such as voice activated lights, lights, fans, and door openers; 6. Aides for daily living such as weighted utensils, adapted writing implements, dressing aids; 7. Cognitive support devices such as task analysis applications or reminder systems; 8. Remote support devices such as remote health monitoring and personal emergency response systems; and 9. Adapted toys and specialized equipment for children such as specialized car seats and adapted bikes. <p>C. Assistive technology service means a service that directly assists an individual in the selection, acquisition, use, or maintenance of an assistive technology device. Assistive technology services include:</p> <ol style="list-style-type: none"> 1. Assistive Technology needs assessment; 2. Training or technical assistance for the individual and their support network including family members; 3. Repair and maintenance of devices and equipment; 4. Programming and configuration of devices and equipment; 5. Coordination and use of assistive technology devices and equipment with other necessary therapies, interventions, or services in the person-centered plan; and 6. Services consisting of purchasing or leasing devices. <p>D. Specifically excluded under this service are:</p> <ol style="list-style-type: none"> 1. Wheelchairs and power mobility, architectural modifications, adaptive driving, vehicle modifications, and devices requiring a prescription by physicians or medical providers as these items are covered either through the Medicaid State Plan as Durable Medical Equipment (DME), a stand-alone waiver services (i.e. environmental modification and vehicle modifications), or through DORS; and 2. Services, equipment, items or devices that are experimental or not authorized by the State or Federal authority. <p>SERVICE REQUIREMENTS:</p> <p>A. Assistive Technology, recommended by the team that costs up to \$1,000 per item does not require a formal assessment.</p> <p>B. Assistive technology devices of \$1,000 or more must be recommended by an independent evaluation of the participant's assistive technology needs.</p> <p>C. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most</p>	

State:	
Effective Date	

<p>effective to meet the need(s) of the participant. The least expensive option from the list must be selected for inclusion on the person-centered plan.</p> <p>D. When services are furnished to individuals returning to the community from a Medicaid institutional setting, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); services may be billed to Medicaid as an administrative cost.</p> <p>E. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual’s file. The DDA is the payer of last resort.</p> <p>F. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</p>					
Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Service Delivery Method (<i>check each that applies</i>):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (<i>check each that applies</i>):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>
					Legal Guardian
Provider Specifications					
Provider Category(s) (<i>check one or both</i>):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		For individuals self-directing services - Certified specialists, licensed professionals, or DORS approved vendor based on service requested			DDA Certified Organized Health Care Delivery System Provider
Provider Qualifications					
Provider Type:	License (<i>specify</i>)		Certificate (<i>specify</i>)		Other Standard (<i>specify</i>)
Individual for people self-directing services	The following minimum standards are required: 1. Licensed professional must have: a) Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language		The following minimum standards are required: a) Assistive Technology Specialist/Practitioner based on acceptable certification from any of the following: b) Rehabilitation Engineering and		Individuals in self-directing services, as the co-employer, may require additional staffing requirements based on their preferences such as: 1. Assistive Technology Specialist/Practitioner with minimum of three years of professional experience in adaptive rehabilitation technology in each device and service area certified. 2. Entity designated by the Division of Rehabilitation Services (DORS) as an

State:	
Effective Date	

	Pathologists license for Speech-Language Pathologist, or b) Maryland Board of Occupational Therapy Practice license for Occupational Therapist.	Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP); c) California State University Northridge (CSUN) Assistive Technology Applications Certificate; d) Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP); and e) North Ridge (CSUN) Assistive Technology Applications Certificate professional.	Assistive Technology service vendor.
DDA Certified Organized Health Care Delivery System Provider		DDA certified Organized Health Care Delivery System (OHCDS) provider as per COMAR 10.22.20.	<p>OHCDS providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request.</p> <p>OHCDS must ensure the individual or entity performing the service meets the qualifications noted below as applicable to the service being provided:</p> <ol style="list-style-type: none"> 1. The organization or professional providing the evaluation shall be credentialed, licensed, or certified in an area related to the specific type of technology needed. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant.

State:	
Effective Date	

			<p>The least expensive option from the list must be selected for inclusion on the person-centered plan.</p> <ol style="list-style-type: none"> 2. Assistive Technology assessments, with the exception for Speech Generating Devices, must be completed by a specialist that has any of the following certifications as appropriate: 3. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP), 4. California State University Northridge (CSUN) Assistive Technology Applications Certificate, or 5. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP). 6. Assessment for Speech Generating Devices (SGD): <ol style="list-style-type: none"> 1) Need assessment and recommendation must be completed by a licensed Speech Therapist; 2) Program and training can be conducted by a RESNA Assistive Technology Practitioner (ATP) or California State University 3) North Ridge (CSUN) Assistive Technology Applications Certificate professional. 7. Assistive Technology Specialist/Practitioner must have: 8. Acceptable certification from any of the following: 9. Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) Assistive Technology Practitioner (ATP); 10. California State University Northridge (CSUN) Assistive Technology Applications Certificate; or 11. Certificate of Clinical Competence in Speech Language Pathology (CCC-SLP). 12. Minimum of three years of professional experience in adaptive
--	--	--	--

State:	
Effective Date	

			rehabilitation technology in each device and service area certified; and 13. Licensed professional must have: 14. Maryland Board of Audiologists, Hearing Aid Dispensers & Speech-Language Pathologists license for Speech-Language Pathologist, or 15. Maryland Board of Occupational Therapy Practice license for Occupational Therapist or 16. Entity designated by the Division of Rehabilitation Services (DORS) as an Assistive Technology service vendor.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual for people self-directing services	1. Agency with Choice FMS		1. Agency with Choice FMS - prior to services
DDA Certified Organized Health Care Delivery System Provider	1. DDA for OHCDs certificate 2. OHCDs providers for entities and individuals they contract or employ		1. OHCDs certificate - annually 2. OHCDs providers – prior to service delivery

Service Type: Other

Service (Name):

Alternative Service Title: **BEHAVIORAL SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
10: Other Mental Health and Behavioral Services	10040 behavior support
Service Definition (Scope):	
A. Behavioral supports are an array of services to assist participants who without such supports are experiencing, or are likely to experience, difficulty in community living as a result of behavioral, social, or emotional issues. These services seek to help understand an individual's challenging behavior and what need it is communicating in order to develop a Behavior Plan with the primary aim of enhancing the individual's independence and inclusion in their community.	
B. Behavioral Supports services includes: 1. Behavioral Assessment - identifies an individual's challenging behaviors, and identifies co-occurring	

State:	
Effective Date	

mental health issues that contribute to those behaviors, by collecting and reviewing relevant data, discussing the information with the individual's support team, and recommending one of three tiers for behavioral supports as indicated in a Behavior Plan, if needed;

2. Behavioral Consultation - services that oversee and monitor the implementation of recommendations developed under the Behavioral Assessment as indicated in the Behavior Plan; and
3. Brief Support Implementation Services - time limited service to provide direct assistance and modeling to families, agency staff, and caregivers so they can independently implement the Behavior Plan.

SERVICE REQUIREMENT:

A. Behavioral Assessment:

1. Is based on the principals of person-centered thinking, a comprehensive Functional Behavioral Assessment (FBA), and supporting data;
2. Is performed by a qualified clinician;
3. Requires development of specific hypotheses for the challenging behavior, a description of the challenging behaviors in behavioral terms, and the topography, frequency, duration, intensity/severity, and variability/cyclical of the behaviors;
4. Must be based on a collection of current specific behavioral data; and
5. Includes the following:
 - a. An onsite observation of the interactions between the individual and his/her caregiver(s) in multiple settings and observation of the implementation of existing programs;
 - b. An environmental assessment of all primary environments;
 - c. A medical assessment including a list of all medications including those specifically prescribed to modify challenging behaviors, the rationale for prescribing each medication, and the potential side effects of each medication;
 - d. An individual's history based upon the records and interviews with the individual and with the people important to/for the person (e.g. parents, caregivers, vocational staff, etc.);
 - e. Record reviews and interviews recording the history of the challenging behaviors and attempts to modify it; and
 - f. Recommendations, after discussion of the results within the individual's interdisciplinary team, for strategies to be developed in a Behavior Plan.

B. Behavioral Consultation services include:

1. Recommendations for subsequent professional evaluation services (e.g., Psychiatric, Neurological, Psychopharmacological, etc.), not identified in the Behavioral Assessment, that are deemed necessary and pertinent to the behavioral challenges;
2. Consultation, subsequent to the development of the Behavioral Assessment, which may include speaking with the individual's Psychiatrists and other medical/therapeutic practitioners;
3. Developing, writing, presenting, and monitoring the strategies for working with the individual and their caregivers;
4. Providing ongoing education on recommendations, strategies, and next steps to individuals support network (i.e. caregiver(s), family members, agency staff, etc.) regarding the structure of the current environment, activities, and ways to communicate with and support the individual;
5. Developing, presenting, and providing ongoing education on recommendations, strategies, and next steps to ensure that the individual is able to continue to participate in all pertinent environments (i.e. home, day program, job, and community) to optimize community inclusion;
6. Ongoing assessment of progress in all pertinent environments against identified goals;
7. Preparing written progress notes on the individual goals identified in the Behavior Plan at a minimum include the following information:
 - a. Assessment of positive behavioral supports in the environment;
 - b. Progress notes detailing the specific Behavior Plan interventions and outcomes for the individual;
 - c. Data, trend analysis and graphs to detail progress on target behaviors identified in a Behavioral

State:	
Effective Date	

Plan; and d. Recommendations; 8. Development and updates to the Behavioral Plan as required by regulations; and 9. Monitoring and ongoing assessment of the implementation of the Behavioral Plan based on the following: a. At least monthly for the first six months; and b. At least quarterly after the first six months or as dictated by progress against identified goals.			
C. Brief Support Implementation Services includes: 1. On-site execution and modeling of identified behavioral support strategies; 2. Timely semi-structured written feedback to the clinicians on the provision and effectiveness of the Behavior Plan and strategies; 3. Participation in on-site meetings or instructional sessions with the individual's support network regarding the recommendations, strategies, and next steps identified in the Behavior Plan; 4. Brief Support Implementation Services cannot be duplicative of other services being provided (e.g. 1:1 supports); and 5. The Brief Support Implementation Services staff is required to be onsite with the caregiver in order to model the implementation of identified strategies to be utilized in the Behavior Plan.			
D. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual's file. The DDA is the payer of last resort.			
E. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.			
F. Behavioral Assessment is reimbursed based on a milestone for a completed assessment.			
G. The Behavior Plan is reimbursed based on a milestone for a completed plan.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
A. Behavioral Assessment is limited to one per year unless otherwise approved by DDA. B. Behavioral Consultation and Brief Support Implementation Services service hours are based on assessed needs, supporting data, plan implementation, and authorization from the DDA.			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
	<input type="checkbox"/>	Relative	<input type="checkbox"/>
	<input type="checkbox"/>	Legal Guardian	<input type="checkbox"/>
Provider Specifications			
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input type="checkbox"/>
	<input type="checkbox"/>	Agency. List the types of agencies:	<input type="checkbox"/>
	<input type="checkbox"/>	Licensed Behavioral Support Services Provider	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Provider Qualifications			
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Licensed	Licensed		Qualified clinicians to complete the

State:	
Effective Date	

Behavioral Support Services Provider	Behavioral Support Services Provider as per COMAR 10.22.10		<p>behavioral assessment and consultation include:</p> <ol style="list-style-type: none"> 1. Licensed psychologist; 2. Psychology associate working under the license of the psychologist (and currently registered with and approved by the Maryland Board of Psychology); 3. Licensed professional counselor; 4. Licensed certified social worker; and 5. Licensed behavioral analyst. <p>All clinicians must have training and experience in the following:</p> <ol style="list-style-type: none"> 1. Applied Behavior Analysis; and 2. Behavioral Tiered Supports Plans <p>Staff providing the Brief Support Implementation Services must be one of the following:</p> <ol style="list-style-type: none"> 1. Certified Crisis Intervention Specialist; 2. Certified Behavioral Intervention Technician; or 3. Registered Behavioral Technician.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Licensed Behavioral Support Services Provider	<ol style="list-style-type: none"> 1. DDA for verification of Licensed Behavioral Support Services provider 2. Providers for verification of clinician's qualifications and training 	<ol style="list-style-type: none"> 1. DDA - annually 2. Providers – prior to service delivery

State:	
Effective Date	

Service Type: Other

Service (Name): **COMMUNITY SUPPORT AND NAVIGATION**

Service Specification				
HCBS Taxonomy				
Category 1:		Sub-Category 1:		
9: Caregiver Support		09020 caregiver counseling and/or training		
Category 2:		Sub-Category 2:		
13: Participant Training		13010 participant training		
Service Definition (Scope):				
<p>A. Community Support and Navigation assists individuals and families in:</p> <ol style="list-style-type: none"> 1. Promoting a spirit of personal reliance and contribution, mutual support and community connection; 2. Developing social networks and connections within local communities; 3. Emphasizing, promoting and coordinating the use of unpaid supports to address individual and family needs, in addition to paid services; and 4. Effectively, leveraging existing waiver services. <p>B. Supports provided include assisting individuals and family caregivers:</p> <ol style="list-style-type: none"> 1. To develop a network for information and mutual support from others who receive services or family caregivers of individuals with disabilities; 2. To identify and use supports available from community service organizations, such as churches, schools, colleges, libraries, neighborhood associations, clubs, recreational entities, businesses and community organizations focused on exchange of services (e.g. time banks); and 3. To provide mutual support to one another (through service/support exchange), and contributions offered to others in the community. <p>C. May not duplicate, but must work in concerted effort with, targeted case management services.</p> <p>D. Specific goals of the service will be determined based upon a person/family-centered plan.</p> <p>E. Community support and navigation services do not pay for the following costs:</p> <ol style="list-style-type: none"> 1. Membership fees or dues; 2. Equipment related to activities; or 3. The cost of any activities. 				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative	<input type="checkbox"/> Legal Guardian
Provider Specifications				
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				DDA Approved Parent Support Agency
Provider Qualifications				

State:	
Effective Date	

Provider Type:	License (<i>specify</i>)	Certificate (<i>specify</i>)	Other Standard (<i>specify</i>)
DDA Approved Parent Support Agency			<p>DDA Approved Parent Support Agency with:</p> <ol style="list-style-type: none"> 1. Experience with asset and strength based individual and family-centered planning across the lifespan i.e. Charting the Life Course Framework and Person-Centered Planning; and 2. Demonstrated experience delivering similar services <p>The following minimum staff standards are required one-to-one interactions with children:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Pass a criminal background investigation and Child Protective Services Background Clearance; 3. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and 4. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DDA Approved Parent Support Agency	<ol style="list-style-type: none"> 1. DDA for approval of Parent Support Agencies 2. Provider for staff standards 	<ol style="list-style-type: none"> 1. DDA: Annually 2. Provider: Prior to service delivery

State:	
Effective Date	

Service Type: Other Service

Service (Name):

Alternative Service Title: **ENVIRONMENTAL ASSESSMENT**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. An environmental assessment is an on-site assessment with the individual at their primary residence to determine if environmental modifications or assistive technology may be necessary in the individual's home.</p> <p>B. Environmental assessment includes:</p> <ol style="list-style-type: none"> 1. An evaluation of the individual; 2. Environmental factors in the individual's home; 3. The individual's ability to perform activities of daily living; 4. The individual's strength, range of motion, and endurance; 5. The individual's need for assistive technology and or modifications; and 6. The individual's support network including family members' capacity to support independence. <p>SERVICE REQUIREMENTS:</p> <p>A. The assessment must be conducted by an Occupational Therapist licensed in the State of Maryland.</p> <p>B. The Occupational Therapist must complete an Environmental Assessment Service Report to document findings and recommendations based on an onsite environmental assessment of a home or residence (where the individual lives or will live) and interviews with the individual and their support network (e.g. family, direct support staff, delegating nurse/nurse monitor, etc.).</p> <p>The report shall:</p> <ol style="list-style-type: none"> 1. Detail the environmental assessment process, findings, and specify recommendations for the home modification and assistive technology that are recommended for the individual; 2. Be typed; and 3. Be completed with 10 business days of the completed assessment and forwarded to the individual and their coordinator of community service in a reader friendly format. <p>C. An environmental assessment may not be provided before the effective date of the individual's eligibility for waiver services unless authorized by the DDA for an individual that is transitioning from an institution.</p> <p>D. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Resources, must be explored and exhausted . These efforts must be documented in the individual's file. The DDA is the payer of last resort.</p> <p>E. To the extent that any listed services are covered under the Medicaid State Plan , the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.</p>	

State:	
Effective Date	

Specify applicable (if any) limits on the amount, frequency, or duration of this service:					
Environment assessment is limited to one (1) assessment annually and is capped at current fiscal year established rate unless otherwise approved by the DDA					
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/> Legal Guardian
Provider Specifications					
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual or Vendor– For Self-Directed Services			DDA Certified Organized Health Care Delivery System Provider
Provider Qualifications					
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)
Individual or Vendor– For Self-Directed Services					1. The following minimum standards are required: <ol style="list-style-type: none"> Employ a staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in Maryland or Contract with a Division of Rehabilitation Services (DORS) approved vendor 2. Individuals in self-directing services, as the co-employer, may require additional staffing requirements based on their preferences.
DDA Certified Organized Health Care Delivery System Provider			DDA certified Organized Health Care Delivery Providers as per COMAR 10.22.20 that may: <ol style="list-style-type: none"> Employ or contract staff licensed by the Maryland Board of Occupational Therapy Practice as a licensed Occupational Therapist in 		

State:	
Effective Date	

		2. Maryland or Contract with a Division of Rehabilitation Services (DORS) approved vendor	
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual or Vendor– For Self-Directed Services	1. Agency with Choice FMS		1. Agency with Choice FMS - prior to initial services
DDA Certified Organized Health Care Delivery System Provider	1. DDA for verification of the OHCDS certification 2. OHCDS provider will verify Occupational Therapist (OT) license and DORS approved vendor		1. OHCDS certification annually 2. OT license and DORS approved vendor prior to service delivery

Service Type: Other Service

Service (Name):

Alternative Service Title: **ENVIRONMENTAL MODIFICATIONS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14: Equipment, Technology, and Modifications
Service Definition (Scope):	
<p>A. Environmental modifications are physical modifications to the individual's home based on an assessment designed to support the individual's efforts to function with greater independence or to create a safer, healthier environment.</p> <p>B. Environmental Modifications include but are not limited to:</p> <ol style="list-style-type: none"> 1. Installation of grab bars; 2. Construction of access ramps and railings; 3. Installation of detectable warnings on walking surfaces; 4. Alerting devices for individual who has a hearing or sight impairment; 5. Adaptations to the electrical, telephone, and lighting systems; 6. Generator to support medical and health devices that require electricity; 7. Widening of doorways and halls; 8. Door openers; 	

State:	
Effective Date	

9. Installation of lifts and stair glides, such as overhead lift systems and vertical lifts;
 10. Bathroom modifications for accessibility and independence with self-care;
 11. Kitchens modifications for accessibility and independence;
 12. Alarms or locks on windows, doors, and fences; protective padding on walls, floors, or pipes; Plexiglas, safety glass, a protected glass coating on windows; outside gates and fences; brackets for appliances; raised/lowered electrical switches and sockets; and safety screen doors which are necessary for the health, welfare, and safety of the individual;
 13. Training on use of modification; and
 14. Service and maintenance of the modification.
- C. Not covered under this service are improvements to the home, such as carpeting, roof repair, decks, and central air conditioning, which:
- (1) Are of general utility;
 - (2) Are not of direct medical or remedial benefit to the individual; or
 - (3) Add to the home's total square footage, unless the construction is necessary, reasonable, and directly related to accessibility needs of the individual.

SERVICE REQUIREMENTS:

- A. An environmental assessment must be completed by as per the environmental assessment waiver services requirements.
- B. All modifications \$2,000 or more must be pre-authorized by the DDA.
- C. If the modification is estimated to cost over \$2,000 over a 12-month period, at least three bids are required (unless otherwise approved by DDA).
- D. All modifications shall be pre-approved by the property manager or owner of the home, if not the individual, who agrees that the individual will be allowed to remain in the residence at least one year.
- E. When services are furnished to individuals returning to the community from a Medicaid institutional setting through entrance to the waiver, the costs of such services are considered to be incurred and billable when the individual leaves the institutional setting and enters the waiver. The individual must be reasonably expected to be eligible for and to enroll in the waiver. If for any unseen reason, the individual does not enroll in the waiver (e.g., due to death or a significant change in condition); services may be billed to Medicaid as an administrative cost.
- F. Environmental modifications services provided by a family member or relative are not covered.
- G. Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the participant. Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
- H. Not covered under this service is the purchase of a generator for general household appliances, washer/dryer, security systems, etc.
- I. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Resources, must be explored and exhausted . These efforts must be documented in the individual’s file. The DDA is the payer of last resort
- J. To the extent that any listed services are covered under the Medicaid State Plan , the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

State:	
Effective Date	

Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Cost of services must be customary, reasonable, and may not exceed a total of \$15,000 every five years, unless otherwise authorized by DDA.				
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative
	<input type="checkbox"/>		<input type="checkbox"/>	Legal Guardian
Provider Specifications				
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual – for self-directed services		DDA Certified Organized Health Care Delivery System Provider
Provider Qualifications				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Individual – for self-directed services			<p>The following minimum standards are required:</p> <ol style="list-style-type: none"> 1. Must be licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors. 2. Individuals in self-directing services, as the co-employer, may require additional staffing requirements based on their preferences and level of needs such as: <ol style="list-style-type: none"> a. Be in good standing with the Department of Assessment and Taxation; b. Be bonded as is legally required; c. Obtain all required State and local permits; d. Obtain final required inspections; e. Perform all work in accordance with ADA, State and local building codes; f. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and g. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as 	

State:	
Effective Date	

			indicated in the written schedule.
DDA Certified Organized Health Care Delivery System Provider		Agency must be a DDA certified Organized Health Care Delivery System Providers per COMAR 10.22.20.	<p>OHCDS must ensure the individual or entity performing the service meets the qualifications noted below and have a copy of the same available upon request:</p> <ol style="list-style-type: none"> 1. Be licensed home contractors or Division of Rehabilitation Services (DORS) approved vendors; 2. All staff, contractors and subcontractors meet required qualifications including verify the licenses and credentials of all individuals whom the contractor employs or with whom the provider has a contract with and have a copy of same available for inspection; 3. Be in accordance with Department of Labor and Licensing requirements, a Home Improvement License may be required to complete some projects where an existing home structure is modified (such as a stair glide); and 4. All home contractors and subcontractors of services shall: <ol style="list-style-type: none"> a. Be properly licensed or certified by the State; b. Be in good standing with the Department of Assessment and Taxation to provide the service; c. Be bonded as is legally required; d. Obtain all required State and local permits; e. Obtain final required inspections; f. Perform all work in accordance with ADA, State and local building codes; g. Ensure that the work passes the required inspections including as performed in accordance with ADA, State and local building codes; and h. Provide services according to a written schedule indicating an estimated start date and completion date and progress reports as indicated in the written schedule.

State:	
Effective Date	

Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual – for self-directed services	1. Agency with Choice FMS providers for verification of participant specific qualifications	1. Agency with Choice FMS - prior to service delivery and annually
DDA Certified Organized Health Care Delivery System Provider	1. DDA for verification of the OHCDS certification 2. Organized Health Care Delivery System provider for verification of the contractors and subcontractors to meet required qualifications	1. OHCDS annually 2. Contractors and subcontractors prior to service delivery

Service Type: Other

Service (Name): **FAMILY AND PEER MENTORING SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09020 caregiver counseling and/or training
Category 2:	Sub-Category 2:
13: Participant Training	13010 participant training
Service Definition (Scope):	
<p>A. Family and Peer Mentoring Supports provide mentors who have shared experiences as the individual and/or family and who provide support and guidance to individual and family members of a waiver participant. Family and Peer mentors explain community services and programs and suggest strategies to the waiver participant and family to achieve the waiver participant's goals. It fosters connections and relationships which builds individual and family resilience.</p> <p>B. These services provide information, resources, guidance, and support from an experienced peer mentor, parent or other family member to a peer, another parent or family caregiver who is the primary unpaid support to individual recipient.</p> <p>C. Family and Peer Mentoring Supports services encourage individuals and family members to share their successful strategies and experiences in navigating a broad range of community resources beyond those offered through the waiver with other waiver participants and their families.</p>	
Service Requirements:	
<p>A. Family and Peer Mentoring Supports provide support to the individual and their family in locating and accessing other community services and programs that may assist the individual to engage in community life.</p> <p>B. Family and Peer Mentoring Supports include supports to siblings from others with shared experiences.</p> <p>C. Family and Peer Mentoring Supports include facilitation of parent or family member "matches" and follow-up support to assure the matched relationship meets peer expectations.</p> <p>D. Family and Peer Mentoring Supports do not provide targeted case management services to a waiver</p>	

State:	
Effective Date	

participant; peer mentoring does not include determination of level of care, functional or financial eligibility for services or person-centered service planning. E. Support needs for peer mentoring are identified in the individual's person-centered plan. F. The mentor can be an individual with developmental disabilities or the member of a family that includes an individual with developmental disabilities. G. Mentors cannot mentor their own family members. J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual's file. The DDA is the payer of last resort.				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E		<input checked="" type="checkbox"/> Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative	<input type="checkbox"/> Legal Guardian
Provider Specifications				
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual for People/Family Self-Directing Services		DDA Approved Family and Peer Mentoring Provider
Provider Qualifications				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
Individual for People/Family Self-Directing Services			The following minimum staff standards are required one-to-one interactions with children: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Pass a criminal background investigation and Child Protective Services Background Clearance; 3. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and 4. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care. 	
DDA Approved Family and Peer Mentoring Provider			DDA Approved Family and Peer Mentoring agency with 5 years demonstrated experience with self-advocacy and parent organizations delivering similar services. Experience	

State:	
Effective Date	

			<p>may be waived by the DDA with sufficient tangible demonstration of skillset.</p> <p>The following minimum staff standards are required one-to-one interactions with children:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Pass a criminal background investigation and Child Protective Services Background Clearance ; 3. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and 4. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual for People/Family Self-Directing Services	1. Agency with Choice FMS		1. Agency with Choice FMS - prior to service delivery
DDA Approved Family and Peer Mentoring Provider	<ol style="list-style-type: none"> 1. DDA for approval of Family and Peer Mentoring 2. Provider for staff standards 		<ol style="list-style-type: none"> 1. DDA: Annually 2. Provider: Prior to service delivery

Service Type: Other

Service (Name): **FAMILY CAREGIVER TRAINING AND EMPOWERMENT SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
9: Caregiver Support	09020 caregiver counseling and/or training
Service Definition (Scope):	
<p>A. Family Caregiver Training and Empowerment services provide education and support to the family caregiver of an individual that preserves the family unit and increases confidence, stamina and empowerment to support the individual. Education and training activities are based on the family/caregiver's unique needs and are specifically identified in the person-centered plan.</p> <p>B. This service includes educational materials, training programs, workshops and conferences, and transportation to and from training that help the family caregiver to:</p> <ol style="list-style-type: none"> 1. Understand the disability of the person supported; 	

State:	
Effective Date	

2. Achieve greater competence and confidence in providing supports;
3. Develop and access community and other resources and supports;
4. Develop or enhance key parenting strategies;
5. Develop advocacy skills;
6. Develop vocational skills when loss of job; and
7. Support the person in developing self-advocacy skills.

Service Requirements:

- A. Family Caregiver Training and Empowerment is offered only for a family caregiver who is providing unpaid support, training, companionship, or supervision for a person participating in the waiver who is living in the family home.
- B. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual’s file. The DDA is the payer of last resort.
- C. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
--	--------------------------	---	-------------------------------------	------------------

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
---	--------------------------	----------------------------	--------------------------	----------	--------------------------	----------------

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				DDA Approved Parent Support Agency

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
DDA Approved Parent Support Agency			DDA Approved Parent Support Agency with demonstrated experience delivering similar services

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
----------------	--------------------------------------	---------------------------

State:	
Effective Date	

DDA Approved Parent Support Agency	DDA for approval of Parent Support Agencies	DDA: Annually

Service Type: Other Service

Alternative Service Title: **INDIVIDUAL AND FAMILY DIRECTED GOODS AND SERVICES**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
17: Other Services	17010 goods and services
Service Definition (Scope):	
<p>A. Individual and Family Directed Goods and Services are services, equipment, or supplies for self-directing individuals that:</p> <ol style="list-style-type: none"> 1. Relate to a need or goal identified in the person-centered plan; 2. Maintain or increase independence; 3. Promote opportunities for community living and inclusion; and 4. Not available under a waiver service or State Plan services. <p>B. Individual and Family Directed Goods and Services decrease the need for Medicaid services, increase community integration, increase the participant's safety in the home, or support the family in the continued provision of care to the individual.</p> <p>C. The goods and services may include, but are not limited to: fitness memberships; fitness items that can be purchased at most retail stores; toothbrushes or electric toothbrushes; weight loss program services other than food; dental services recommended by a licensed dentist and not covered by health insurance; nutritional supplements recommended by a professional licensed in the relevant field; and fees for activities that promote community integration.</p> <p>D. Experimental or prohibited goods and treatments are excluded.</p> <p>E. Individual and Family Directed Goods and Services do not include services, goods, or items:</p> <ol style="list-style-type: none"> 1. Provided to or benefiting persons other than the member; 2. Otherwise covered by the waiver or the Medicaid State Plan Services; 3. Additional units or costs beyond the maximum allowable for any waiver service or Medicaid State Plan, with the exception of a second wheelchair; 4. Co-payment for medical services, over-the-counter medications, or homeopathic services; 5. Items used solely for entertainment or recreational purposes, such as televisions, video recorders, game stations, DVD player, and monthly cable fees; 6. Monthly telephone fees; 7. Room & board, including deposits, rent, and mortgage expenses and payments; 8. Food; 9. Utility charges; 10. Fees associated with telecommunications; 11. Tobacco products, alcohol, or illegal drugs; 12. Vacation expenses; 13. Insurance; vehicle maintenance or any other transportation- related expenses; 14. Tickets and related cost to attend recreational events; 15. Personal trainers; spa treatments; 	

State:	
Effective Date	

16. Goods or services with costs that significantly exceed community norms for the same or similar good or service;
17. Tuition; educational services otherwise available through a program funded under the Individuals with Disabilities Education Act (IDEA), including private tuition, Applied Behavior Analysis (ABA) in schools, school supplies, tutors, and home schooling activities and supplies;
18. Incentive payments and subsidies;
19. Subscriptions;
20. Training provided to paid caregivers;
21. Services in hospitals;
22. Costs of travel, meals, and overnight lodging for families and natural support network members to attend a training event or conference; or
23. Service animals and associated costs.

SERVICE REQUIREMENTS:

- A. Individual or the designated family member self-directing services on behalf of the participant make decisions on goods and services based on an identified need in the person-centered plan.
- B. Individual and Family Directed Goods and Services must meet the following requirements:
 1. The item or service would decrease the need for other Medicaid services; AND/OR
 2. Promote inclusion in the community; AND/OR
 3. Increase the participant's safety in the home environment; AND
 4. The participant does not have the funds to purchase the item or service or the item or service is not available through another source.
- C. Individual and Family Directed Goods and Services are purchased from the participant-directed budget and must be documented in the person-centered plan.
- D. Individual and Family Directed Goods and Services must be clearly noted and linked to an assessed participant need established in the person-centered plan.
- E. The goods and services must fit within the participant's budget without compromising the participant's health and safety.
- F. The goods and services must provide or direct an exclusive benefit to the participant.
- G. The goods and services provided are cost-effective (i.e., the service is available from any source, is least costly to the State, and reasonably meets the identified need) alternatives to standard waiver or State Plan services.
- H. The goods and services may not circumvent other restrictions on the claiming of FFP for waiver services, including the prohibition of claiming for the costs of room and board;
- I. Reimbursement shall be reasonable, customary, and necessary, as determined for the participant's needs and approved by DDA or its designee.
- J. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual's file. The DDA is the payer of last resort.
- K. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Individual Directed Goods and Services are limited to \$5,000 per year from the total self-directed budget.

State:	
Effective Date	

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E			<input type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian
Provider Specifications						
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input type="checkbox"/>	Agency. List the types of agencies:	
		Entity – for people self-directing services				
Provider Qualifications						
Provider Type:		License (specify)		Certificate (specify)		Other Standard (specify)
Entity – for people self-directing services						
Verification of Provider Qualifications						
Provider Type:		Entity Responsible for Verification:			Frequency of Verification	
Entity – for people self-directing services		Agency with Choice FMS			Prior to purchase	

Service Type: Other

Service (Name): **PARTICIPANT EDUCATION, TRAINING AND ADVOCACY SUPPORTS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
13: Participant Training	13010 participant training
Service Definition (Scope):	
<p>A. Participant Education, Training and Advocacy Supports provides training programs, workshops and conferences that help the individual develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services.</p> <p>B. Covered expenses include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Enrollment fees, 2. Books and other educational materials, and 3. Transportation related to participation in training courses, conferences and other similar events. 	

State:	
Effective Date	

Service Requirements:							
A. Participant Education, Training and Advocacy Supports may include education and training for individuals directly related to building or acquiring such skills.							
B. Support needs for education and training are identified in the individual's person-centered plan.							
C. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual's file. The DDA is the payer of last resort.							
D. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.							
Specify applicable (if any) limits on the amount, frequency, or duration of this service:							
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E				<input checked="" type="checkbox"/>	Provider managed
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Legal Guardian	
Provider Specifications							
Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:		<input checked="" type="checkbox"/>	Agency. List the types of agencies:		
		Individual for People Self-Directing Services			DDA Approved Participant Education, Training and Advocacy Supports Agency		
Provider Qualifications							
Provider Type:	License (specify)		Certificate (specify)		Other Standard (specify)		
Individual for People Self-Directing Services					The following minimum staff standards are required for one-to-one interactions with children: <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Pass a criminal background investigation and Child Protective Services Background Clearance ; 3. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and 4. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care. 		
DDA Approved Participant Education,					DDA Approved Participant Education, Training and Advocacy Supports agency with demonstrated experience with		

State:	
Effective Date	

Training and Advocacy Supports Agency			<p>delivering similar services.</p> <p>The following minimum staff standards are required for one-to-one interactions with children:</p> <ol style="list-style-type: none"> 1. Be at least 18 years old; 2. Pass a criminal background investigation and Child Protective Services Background Clearance; 3. Possess a valid driver's license, if the operation of a vehicle is necessary to provide services; and 4. Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Individual for People Self-Directing Services	Agency with Choice FMS		Agency with Choice FMS - prior to service delivery
DDA Approved Participant Education, Training and Advocacy Supports Agency	<ol style="list-style-type: none"> 1. DDA for approval of Family and Peer Mentoring 2. Provider for staff standards 		<ol style="list-style-type: none"> 1. DDA: Annually 2. Provider: Prior to service delivery

Service Type: Other Service

Alternative Service Title: **TRANSPORTATION**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
15: Non-Medical Transportation	15010 non-medical transportation
Service Definition (Scope):	
<p>A. Transportation services are designed specifically to improve the person's and the family caregiver's ability to access community activities within their own community in response to needs identified through the individual's person-centered plan.</p> <p>B. Transportation services can include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Orientation services in using other senses or supports for safe movement from one place to another; 2. Accessing Mobility services such as transportation coordination and accessing resources; 3. Travel training such as supporting the individual and family in learning how to access and use informal, generic, and public transportation for independence and community integration; 4. Transportation services provided by different modalities, including: public and community 	

State:	
Effective Date	

- transportation, taxi services, transportation specific prepaid transportation cards, mileage reimbursement, volunteer transportation, and non-traditional transportation providers; and
5. Purchase of prepaid transportation vouchers and cards, such as the Charm Card and Taxi Cards.

SERVICE REQUIREMENTS:

- A. Services are available to the individual living in their own home or in the individual's family home.
- B. For individuals self-directing their services, the transportation budget is based on their need while considering their preferences and funds availability from their authorized person-centered plan and budget.
- C. The Program will not make payment to spouses or legally responsible individuals for furnishing transportation services.
- D. A relative or legal guardian (who is not a spouse or legally responsible person) of an individual recipient participating in Self-Directed Services may be paid to provide this service, however, the DDA must pre-approve such payment in accordance with the applicable requirements set forth in Appendix C-2.
- E. Payment rates for services must be customary and reasonable as established or authorized by the DDA.
- F. Transportation services shall be provided by the most cost-efficient mode available and shall be wheelchair accessible when needed.
- G. Transportation services will not be covered when transportation is part of another waiver service including but not limited to Personal Supports services.
- H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services ("DORS"), State Department of Education, and Department of Human Resources, must be explored and exhausted. These efforts must be documented in the individual's file. The DDA is the payer of last resort.
- I. To the extent that any listed services are covered under the Medicaid State Plan, the services under the waiver would be limited to additional services not otherwise covered under the Medicaid State Plan, but consistent with waiver objectives of avoiding institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
---	-------------------------------------	---	-------------------------------------	------------------

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative	<input checked="" type="checkbox"/>	Legal Guardian
---	--------------------------	----------------------------	-------------------------------------	----------	-------------------------------------	----------------

Provider Specifications

Provider Category(s) (check one or both):	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
		Individual – for self-directed services		DDA Certified Organized Health Care Delivery System Provider

Provider Qualifications

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Individual – for self-directed services	For individuals providing direct transportation -	The following minimum standards are required: A. Orientation,	All provider qualifications would be reviewed and approved by the individual or their designee.

State:	
Effective Date	

	Staff must have valid Class C Driver's License and car insurance	<p>Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities:</p> <ol style="list-style-type: none"> 1. Easter Seals Project Action (ESPA) 2. American Public Transit Association 3. Community Transportation Association of America 4. National Transit Institute (NTI) 5. American Council for the Blind 6. National Federation of the Blind 7. Association of Travel Instruction 8. Other recognized entities based on approval from the DDA <p>B. Current first aid and CPR training and certification; and</p> <p>C. Passing a criminal background investigation and Child Protective Services Background Clearance (required if supporting a child).</p>	<p>Individuals in self-directing, as the co-employer, may require additional provider requirements based on their preferences and level of needs such as:</p> <ol style="list-style-type: none"> 1. Training by individual/family on individual-specific information (including preferences, positive behavior supports, when needed, and disability-specific information); and 2. Signing a self-directed provider agreement verifying qualifications and communicating expectations.
DDA Certified Organized Health Care Delivery System Provider		DDA certified Organized Health Care Delivery System provider as per COMAR 10.22.02 and 10.22.20	<p>OHCDs providers shall verify the licenses and credentials of individuals providing services with whom they contract or employs and have a copy of the same available upon request.</p> <p>OHCDs must ensure the individual or</p>

State:	
Effective Date	

			<p>entity performing the service meets the qualifications noted below as applicable to the service being provided:</p> <ol style="list-style-type: none"> For individuals providing direct transportation, the following minimum standards are required: <ol style="list-style-type: none"> Be at least 18 years old; Current first aid and CPR certification; Pass a criminal background investigation and Child Protective Services Background Clearance (required if supporting a child); Possess a valid driver's license for vehicle necessary to provide services; and Have automobile insurance for all automobiles that are owned, leased, and/or hired and used in the provision of care. Orientation, Mobility and Travel Training Specialists – must attend and have a current certification as a travel trainer from one of the following entities: <ol style="list-style-type: none"> Easter Seals Project Action (ESPA) American Public Transit Association Community Transportation Association of America National Transit Institute (NTI) American Council for the Blind National Federation of the Blind Association of Travel Instruction Other recognized entities based on approval from the DDA

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual – for self-directed services	<ol style="list-style-type: none"> Agency with Choice FMS providers for verification of provider qualifications Coordinator of Community Services for use of a relative and legal guardian as a service provider 	<ol style="list-style-type: none"> Agency with Choice FMS providers – prior to delivery of services Coordinator of Community Services prior to service initiation and during annual

State:	
Effective Date	

		team meetings
DDA Certified Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> 1. DDA for verification of the Organized Health Care Delivery System certification 2. Organized Health Care Delivery System provider for verification of staff qualifications 3. Coordinator of Community Services for use of a relative and legal guardian as a service provider 	<ol style="list-style-type: none"> 1. DDA - Annual for certification 2. OHCDs – prior to service delivery 3. Coordinator of Community Services prior to service initiation and during annual team meetings

Service Type: Other Service

Service (Name):

Alternative Service Title: **VEHICLE MODIFICATIONS**

Service Specification	
HCBS Taxonomy	
Category 1:	Sub-Category 1:
14: Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Service Definition (Scope):	
<p>A. Vehicle modifications are adaptations or alterations to a vehicle that is the individual's or individual's family's primary means of transportation. Vehicle modifications are designed to accommodate the needs of the individual and enable the individual to integrate more fully into the community and to ensure the health, welfare and safety and integration by removing barriers to transportation.</p> <p>B. Vehicle modifications may include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Assessment services to (a) help determine specific needs of the individual as a driver or passenger, (b) review modification options, and (c) develop a prescription for required modifications of a vehicle; 2. Assistance with modifications to be purchased and installed in a vehicle owned by or a new vehicle purchased by the individual, or legally responsible parent of a minor or other caretaker as approved by DDA; 3. Non-warranty vehicle modification repairs; and 4. Training on use of the modification. <p>C. Vehicle modifications do not include the purchase of new or used vehicles, general vehicle maintenance or repair, State inspections, insurance, gasoline, fines, tickets, or the purchase of warranties.</p> <p>SERVICE REQUIREMENTS:</p> <p>A. All vehicle modifications purchases must be pre-approved in writing by the DDA.</p> <p>B. A vehicle modification assessment and/or a driving assessment will be required when not conducted within the last year by the Division of Rehabilitation Services (DORS).</p> <p>C. A prescription for vehicle modifications must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist. The prescription for vehicle modifications applies only to the year/make/model of the vehicle specified on the Vehicle Equipment and Adaptation Prescription Agreement (VEAPA).</p> <p>D. The vehicle owner is responsible for:</p> <ol style="list-style-type: none"> 1. The maintenance and upkeep of the vehicle; and 2. Purchasing insurance on vehicle modifications. The program will not correct or replace vehicle modifications provided under the program that have been damaged or destroyed in an accident. <p>E. Vehicle modifications are only authorized to vehicles meeting safety standards once modified.</p>	

State:	
Effective Date	

F. The Program cannot provide assistance with modifications on vehicles not registered under the individual or legally responsible parent of a minor or other primary caretaker. This includes leased vehicles. G. Vehicle modifications may not be provided in day, employment, and residential provider owned vehicles. H. Prior to accessing DDA funding for this service, all other available and appropriate funding sources, including but not limited to those offered by Maryland Medicaid State Plan, Division of Rehabilitation Services (“DORS”), State Department of Education, and Department of Human Resources, must be explored and exhausted . These efforts must be documented in the individual’s file. The DDA is the payer of last resort. I. To the extent that any listed services are covered under the State plan, the services under the waiver would be limited to additional services not otherwise covered under the State plan, but consistent with waiver objectives of avoiding institutionalization.			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
Vehicle modifications payment rates for services must be customary, reasonable according to current market values, and may not exceed a total of \$15,000 over a five year period, unless otherwise authorized by DDA.			
Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>
		Provider managed	
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>
		Relative	<input type="checkbox"/>
		Legal Guardian	
Provider Specifications			
Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>
			Agency. List the types of agencies:
			DDA Certified Organized Health Care Delivery System Provider
			For participants self-directing services - Division of Rehabilitation Services (DORS) Vendor
Provider Qualifications			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
DDA Certified Organized Health Care Delivery System Provider		DDA certified Organized Health Care Delivery System Providers as per COMAR 10.22.20	OHCDs providers shall verify the licenses, credentials, and experience of all professionals with whom they contract or employs and have a copy of the same available upon request. OHCDs must ensure the individual or entity performing the service meets the qualifications noted below: A. DORS approved vendor or DDA approved vendor; B. Vehicle Equipment and Adaptation Prescription Agreement (VEAPA) must be completed by a driver rehabilitation specialist or certified driver rehabilitation specialist; and

State:	
Effective Date	

			C. The adaptive driving assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement as to whether it meets the individual's needs.
For participants self-directing services - Division of Rehabilitation Services (DORS) Vendor			<p>The following minimum standards are required:</p> <p>A. Entity designated by the Division of Rehabilitation Services (DORS) as a Vehicle Modification service vendor.</p> <p>B. The Adapted Driving Assessment specialist who wrote the Adapted Driving Assessment report and the VEAPA shall ensure the vehicle modification fits the consumer and the consumer is able to safely drive the vehicle with the new adaptations/equipment by conducting an on-site assessment and provide a statement to meet the individual's needs.</p>

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
DDA Certified Organized Health Care Delivery System Provider	<ol style="list-style-type: none"> DDA for verification of the OHCDS certification OHCDS providers for entities and individuals they contract or employ 	<ol style="list-style-type: none"> OHCDS certification – annually OHCDS providers – prior to service delivery
For participants self-directing services - Division of Rehabilitation Services (DORS) Vendor	Agency with Choice FMS	Prior to service delivery

State:	
Effective Date	

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

<input type="radio"/>	Not applicable – Case management is not furnished as a distinct activity to waiver participants.
<input checked="" type="radio"/>	Applicable – Case management is furnished as a distinct activity to waiver participants. Check each that applies:
<input type="checkbox"/>	As a waiver service defined in Appendix C-3 (<i>do not complete C-1-c</i>)
<input type="checkbox"/>	As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option). <i>Complete item C-1-c.</i>
<input checked="" type="checkbox"/>	As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management). <i>Complete item C-1-c.</i>
<input type="checkbox"/>	As an administrative activity. <i>Complete item C-1-c.</i>

- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Private community service providers and local Health Departments provide Coordination of Community Service (case management) on behalf of waiver participant as per COMAR.

Appendix C-2: General Service Specifications

- a. Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services-(*select one*):

<input checked="" type="radio"/>	<p>Yes. Criminal history and/or background investigations are required. Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):</p> <p>(a) Department regulations require waiver (traditional and/or self-direction model) providers to conduct criminal background checks for all employees and contractual employees. In addition, staff engaging in one-to-one interactions with children must have a Child Protective Services Background Clearance.</p> <p>(b) The scope of the investigations are State of Maryland only, however individuals may request an FBI Criminal Background Check from the Fiscal Management Service for providers who are employed under the self-direction model. A licensee may not employ or contract with any person who has a criminal history which would indicate behavior potentially harmful to individuals, documented through either a criminal history records check or a criminal background check, pursuant to Health-General Article, §19-1902 et seq., Annotated Code of Maryland, and COMAR 12.15.03.</p> <p>DDA requires State of Maryland criminal background checks for all direct care staff working with for DDA licensed providers. People self-directing services may also request national background checks and background checks from other states for staff they are considering.</p>
----------------------------------	--

State:	
Effective Date	

	<p>The State also maintains a Centralized Confidential Database that contains information about child abuse and neglect investigations conducted by the Maryland State Local Departments of Social Services.</p> <p>(c) The DDA, SMA, and OHCQ review records for criminal background checks during surveys, site visits, and investigations. DDA will review Agency with Choice FMS records for required background checks of staff working for people self-directing.</p>
<input type="radio"/>	No. Criminal history and/or background investigations are not required.

- b. Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (*select one*):

<input type="radio"/>	<p>Yes. The State maintains an abuse registry and requires the screening of individuals through this registry. Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):</p>
<input checked="" type="radio"/>	No. The State does not conduct abuse registry screening.

- c. Services in Facilities Subject to §1616(e) of the Social Security Act.** *Select one:*

<input checked="" type="radio"/>	No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act. <i>Do not complete Items C-2-c.i – c.iii.</i>
<input type="radio"/>	Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable). <i>Complete Items C-2-c.i – c.iii.</i>

- i. Types of Facilities Subject to §1616(e).** Complete the following table for *each type* of facility subject to §1616(e) of the Act:

Type of Facility	Waiver Service(s) Provided in Facility	Facility Capacity Limit

- ii. Larger Facilities:** In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

--

- iii. Scope of Facility Standards.** For this facility type, please specify whether the State's standards address the following (*check each that applies*):

Standard	Topic Addressed
Admission policies	<input type="checkbox"/>
Physical environment	<input type="checkbox"/>
Sanitation	<input type="checkbox"/>
Safety	<input type="checkbox"/>
Staff : resident ratios	<input type="checkbox"/>
Staff training and qualifications	<input type="checkbox"/>
Staff supervision	<input type="checkbox"/>
Resident rights	<input type="checkbox"/>
Medication administration	<input type="checkbox"/>
Use of restrictive interventions	<input type="checkbox"/>
Incident reporting	<input type="checkbox"/>
Provision of or arrangement for necessary health services	<input type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

--

- d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

X	No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.
O	Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services. Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of <i>extraordinary care</i> by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.</i>

State:	
Effective Date	

- e. **Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.** Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

<input type="radio"/>	The State does not make payment to relatives/legal guardians for furnishing waiver services.
<input checked="" type="radio"/>	<p>The State makes payment to relatives/legal guardians under <i>specific circumstances</i> and only when the relative/guardian is qualified to furnish services. Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. <i>Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.</i></p> <p>Individuals self-directing services may utilize a relative and legal guardian (<i>who is not a spouse or legally responsible individual</i>) to provide services when the individual's person-centered plan establishes that:</p> <ol style="list-style-type: none"> 1. Choice of provider truly reflects the individual's wishes and desires; 2. The provision of services by the relative or legal guardian is in the best interests of the individual and family; 3. The provision of services by the relative or legal guardian is appropriate and based on the individual's individual support needs; 4. The services provided by the relative or legal guardian will increase the individual's and family's independence and community integration; 5. There are documented steps in the person-centered plan that will be taken to expand the individual's circle of support so that he/she is able to maintain and improve his/her health, safety, independence, and level of community integration on an ongoing basis should the relative or legal guardian acting in the capacity of employee be no longer be available; and 6. A Supportive Decision Making (SDM) agreement is established that identifies the people (beyond family members) who will support the individual in making her/his own decisions. 7. The relative/legal guardian must sign agreement to provide assurances to DDA that they will implement the PCP and provide the services in accordance with applicable federal and State laws and regulations governing the program. <p>The program may make payment to family members of adult participants for extraordinary care. Extraordinary care is care exceeding the range of activities that an individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization.</p>
<input type="radio"/>	<p>Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3. Specify the controls that are employed to ensure that payments are made only for services rendered.</p>
<input type="radio"/>	Other policy. <i>Specify:</i>

- f. **Open Enrollment of Providers.** Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

State:	
Effective Date	

Interested community agencies and other providers can submit the DDA application and required attachments at any time. For services that require a DDA license, applicants that meet requirements are then referred to the Office of Health Care Quality to obtain the license.

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

Performance Measure:	<i>QP-a-1 - Number and percent of newly enrolled waiver providers who meet required licensure, regulatory and applicable waiver standards prior to service provision.</i>		
Data Source (Select one) (Several options are listed in the on-line application): DDA			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

State:	
Effective Date	

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis (check each that applies)	Frequency of data aggregation and analysis: (check each that applies)
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:	<i>QP-a- 2 - Number and percent of providers who continue to meet required licensure and initial QP standards.</i>		
Data Source (Select one) (Several options are listed in the on-line application): DDA			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample; Confidence Interval =
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Data Aggregation and Analysis

Responsible Party for data aggregation and analysis	Frequency of data aggregation and analysis:
--	--

State:	
Effective Date	

<i>(check each that applies)</i>	<i>(check each that applies)</i>
<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>
<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>
<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>
<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>
	<input type="checkbox"/> <i>Continuously and Ongoing</i>
	<input type="checkbox"/> <i>Other Specify:</i>

b *Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.*

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

Performance Measure:	<i>QP-b Number and percent of newly enrolled non-licensed or non-certified waiver providers who meet regulatory and applicable waiver standards prior to service provision.</i>		
Data Source (Select one) (Several options are listed in the on-line application): <i>DDA</i>			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input type="checkbox"/> <i>State Medicaid Agency</i>	<input type="checkbox"/> <i>Weekly</i>	<input type="checkbox"/> <i>100% Review</i>
	<input checked="" type="checkbox"/> <i>Operating Agency</i>	<input type="checkbox"/> <i>Monthly</i>	<input checked="" type="checkbox"/> <i>Less than 100% Review</i>
	<input type="checkbox"/> <i>Sub-State Entity</i>	<input checked="" type="checkbox"/> <i>Quarterly</i>	<input checked="" type="checkbox"/> <i>Representative Sample; Confidence Interval =95</i>
	<input type="checkbox"/> <i>Other Specify:</i>	<input type="checkbox"/> <i>Annually</i>	
		<input type="checkbox"/> <i>Continuously and Ongoing</i>	<input type="checkbox"/> <i>Stratified: Describe Group:</i>
		<input type="checkbox"/> <i>Other Specify:</i>	
			<input type="checkbox"/> <i>Other Specify:</i>

Data Aggregation and Analysis

Responsible Party for data aggregation and	Frequency of data aggregation and
---	--

State:	
Effective Date	

analysis (check each that applies)	analysis: (check each that applies)
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Add another Performance measure (button to prompt another performance measure)

- c **Sub-Assurance:** The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator.

Performance Measure:	QP-c Number and percent of enrolled licensed providers who meet training requirements in accordance with the approved waiver.		
Data Source (Select one) (Several options are listed in the on-line application): DDA			
If 'Other' is selected, specify:			
	Responsible Party for data collection/generation (check each that applies)	Frequency of data collection/generation: (check each that applies)	Sampling Approach (check each that applies)
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample; Confidence Interval = 95
	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	
		<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Stratified: Describe Group:
		<input type="checkbox"/> Other Specify:	
			<input type="checkbox"/> Other Specify:

Data Aggregation and Analysis

Responsible Party for	Frequency of data
------------------------------	--------------------------

State:	
Effective Date	

<i>data aggregation and analysis</i> <i>(check each that applies)</i>	<i>aggregation and analysis:</i> <i>(check each that applies)</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

- i Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

DDA's Provider Relations staff provides technical assistance and support on an ongoing basis to providers and will provide specific remediation items. Based on the items, a variety of remediation strategies may be used including conference call, letter, in person meeting, and training. Remediation efforts will be documented in the provider file.

ii **Remediation Data Aggregation**

<i>Remediation-related Data Aggregation and Analysis (including trend identification)</i>	<i>Responsible Party (check each that applies)</i>	<i>Frequency of data aggregation and analysis:</i> <i>(check each that applies)</i>
	<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
	<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
	<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
	<input type="checkbox"/> Other: Specify:	<input type="checkbox"/> Annually
		<input type="checkbox"/> Continuously and Ongoing
		<input type="checkbox"/> Other: Specify:

State:	
Effective Date	

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

<input checked="" type="radio"/>	No
<input type="radio"/>	Yes Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C-4: Additional Limits on Amount of Waiver Services

Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*check each that applies*).

<input checked="" type="radio"/>	Not applicable – The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
<input type="radio"/>	Applicable – The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; and, (f) how participants are notified of the amount of the limit.

<input type="checkbox"/>	Limit(s) on Set(s) of Services. There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services. <i>Furnish the information specified above.</i>
<input type="checkbox"/>	Other Type of Limit. The State employs another type of limit. <i>Describe the limit and furnish the information specified above.</i>

State:	
Effective Date	

Appendix C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

All Family Supports Waiver services are provided in the community or the individual's own home.

The only exception is Respite Care Services that can be provided in the child's home, a community setting, a Youth Camp certified by DHMH, or a site licensed by the Developmental Disabilities Administration.

There are no residential or day habilitation services provided.

State:	
Effective Date	